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INFORMATION DISCLOSURE	Application Number	To be assigned		
STATEMENT BY APPLICANT	Filing Date	Herewith		
	Applicants	Whikehart, King, Whitecar, Chrysochoos, Bator, Zerod		
(use as many sheets as necessary)	Group Art Unit	N/A		
	Examiner Name	Examiner's Name		
Sheet 1 of 1	Attorney Docket Number	V201-0143		

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EXAMINER INITIAL*	Cite No. 1	DOCUMENT NUMBER Code <sup>2</sup>	Kind		NAME		DATE MM-DD-YY	Pages, Columns, Lines, Where Relevant Passages or Re Figures Appear	levant
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